

**IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT IN AND
FOR THE COUNTY OF ADA IN AND FOR THE STATE OF IDAHO**

**DRUG COURT ADVISORY FORM (JUDGE CHERI COPSEY) TO BE USED BY DEFENDANTS
WHO HAVE ALREADY PLED GUILTY IN ANOTHER COURT**

TO BE FILLED OUT BY THE DEFENDANT

Defendant's Name: _____ Signature _____

Date: _____ Case Number: _____

Age: _____ Date of Birth: _____

**STATEMENT OF RIGHTS & EXPLANATION OF WAIVERS SPECIFIC TO DRUG COURT
(PLEASE INITIAL EACH RESPONSE)**

1. I understand I have the right to be represented by an attorney. If I want an attorney and cannot pay for one, I can ask the judge for an attorney who will be paid by the county. _____.
2. **Termination from Drug Court.** I understand that if I choose to terminate or I am terminated from the Drug Court program by the Court, the Drug Court Judge will set my case for sentencing. I also understand that any violation of Drug Court rules or the **Conditions Of Release** may result in termination. I also understand that termination and sentencing will be done by my Drug Court Judge, not by a different Judge and I have no objection to my Drug Court Judge making that determination. Upon termination from the program, my ROR release/bond may be revoked pending sentencing. _____

I further understand that I could be terminated from Drug Court if I breach any express term or condition of any contract or if I am not satisfactorily progressing through the drug court program and treatment phases or if I am not doing what is expected of me. _____

Unless I waive my right to a hearing, once termination proceedings are begun the State would have the burden to prove the grounds for termination by a preponderance of the evidence; that I have a right to confront and cross examine those who would testify against me; that I have the right against self incrimination; that I have the right to put on a defense and to call witnesses on my behalf; and that I have a right to counsel. _____

I further understand that termination from Drug Court may result in the State filing a Motion for Probation Violation and that if I am found in violation of probation, the Court may impose the original sentence. _____

3. **Conditions of Release.** I understand that while I am a Drug Court participant, my ROR release or bond will be continued. However, my release will also be subject to conditions related to my participation in the Drug Court program. _____.

I agree that these conditions include abstinence from illegal drugs and alcohol, compliance with my treatment program, attending scheduled Drug Court sessions,

paying program fees, compliance with all program rules and **making satisfactory progress towards graduation.** _____

I agree to at all times remain truthful with everyone with whom I deal, including but not limited to the Drug Court Judge, the Drug Court Coordinator, Drug Court staff and my treatment provider and I shall not cheat, tell any lie, or exaggerate or minimize my statements, conduct or actions in anyway. _____

I agree to comply with and obey any curfew that may be imposed by the Drug Court Staff or Drug Court Judge. _____

I agree to be tested for the use of substances, including alcohol, throughout the entire treatment process. I also agree any attempts to dilute, adulterate, or tamper with drug or alcohol testing, including any other participant's testing, may lead to termination from Drug Court. _____.

I agree to complete any forms and/or contracts required by the Drug Court program. _____.

I agree that the Court can revoke my ROR release and impose sanctions for failing to comply with these conditions of release. _____.

I agree that I can be held without bond *for an indeterminate period of time* if I am in violation of any condition of my drug court agreement. _____

I agree to not take any over the counter drugs **or** herbal drugs/preparations (including preparations like "Spice" or any other substance in an attempt to get "high") ***without a doctor's prescription***; however I can take ibuprophen (Advil), acetaminophen (Tylenol) or aspirin without a doctor's prescription. _____

I agree that I cannot use any products or foods that contain alcohol/ethanol, including mouthwash or hand sanitizers, or eat any product containing poppy seeds and that it is my responsibility to avoid these items. _____

I agree that I will be sanctioned if I test positive for alcohol or any other illegal drug. _____

I agree that if I attempt to dilute, adulterate, or tamper with drug or alcohol testing, including another participant's testing, that I may be sanctioned and such sanctions can include termination; I also agree I may be sanctioned for appearing late or failing to appear at any drug or alcohol testing. _____

I agree that I cannot associate or have contact with individuals specified by the probation officer or this Court and that can include family or friends. _____

I agree to respect and obey all laws and shall comply with any lawful request of Drug Court or any law enforcement officer or agent of the Department of Probation & Parole. _____

I agree that I will not associate or have contact with anyone who is committing a law violation; who is on probation or parole; or who is a convicted felon. I will also not associate or have contact with any group or individual as ordered by Drug Court or the Drug Court Coordinator. _____

I agree to seek and maintain employment, be enrolled as a fulltime student or participating in such programs as approved by Drug Court. I agree to obtain a GED, if I am not a high school graduate, before Drug Court Graduation unless an exemption is granted by the Drug Court Team. A change of employment or education shall not occur without prior written permission of the Drug Court Coordinator. ____

I agree that I shall not purchase, carry, own or have in my possession or control any firearm, ammunition, explosives, archery equipment, or weapons of any type and that this affects where I live. I agree to not possess or control any law enforcement or surveillance equipment, including but not limited to, scanners, video surveillance or handcuffs/keys. _____

I agree to pay all costs, fines and court ordered restitution and I understand I may not graduate until all costs, fines and court ordered restitution are fully paid. ____

4. **Fourth Amendment Waiver.** I understand I have the right to remain free from unreasonable searches and seizures and, normally, this means that law enforcement must have a search warrant issued by a judge before my person, place of residence or things can be searched. To participate in Drug Court, I agree to waive this right, and I agree and consent to the search and seizure of my person, automobile, real property, and any other property at any time and at any place by any probation officer or any person assisting a probation officer or law enforcement and I waive my constitutional right to be free from such searches and seizures for as long as I am a participant in the Drug Court. ____
5. **Firearms/Weapons.** I understand the probation department assists the drug court judge in monitoring progress and compliance in drug court and I will not be permitted to reside in any residence where firearms or other weapons are present. ____
6. **Graduation.** Upon graduation from the Drug Court program, I understand the Court will place me on unsupervised probation. ____
7. **Waive Confidentiality.** Treatment records are normally confidential. However, I understand I will be required to waive confidentiality. ____

QUESTIONS REGARDING ENTRY INTO DRUG COURT AS A TERM OF PROBATION

(Please answer every question. If you do not understand a question consult your attorney before answering.)

1. Are you currently under the care of a mental health professional? **YES NO**
If you answered "yes," what is the mental health professional's name? _____

2. Have you ever been diagnosed with a mental health disorder? **YES NO**
If you answered "yes," what was the diagnosis and when was it made? _____

3. Are you currently prescribed any medication? **YES NO**

If you answered "yes," what medications are you taking at this time?

If you answered "yes," have you taken your prescription medication during the past 24 hours? **YES NO N/A**

4. In the last 24 hours, have you taken any medications or drugs, *INCLUDING over the counter drugs*, or consumed any alcoholic beverages? **YES NO**

If "yes," what have you taken? _____

Do you believe this affects your ability to understand these questions, and make a reasoned and informed decision in this case? **YES NO N/A**

5. Is there any other reason that you would be unable to make a reasoned and informed decision in this case? **YES NO**

If "yes," what is the reason? _____

6. Is your participation in Drug Court a condition of your probation? **YES NO**

7. Do you understand that if you are terminated from Drug Court that you may be in violation of your probation? **YES NO**

8. Do you feel you have had sufficient time to discuss your case with your attorney? **YES NO**

9. As a result of agreeing to participate in Drug Court, do you understand you must inform all health care providers of your addiction in writing and obtain written verification from the physician that he/she has been notified when prescribing any medication? **YES NO**

10. Are you agreeing to participate in Drug Court freely and voluntarily? **YES NO**

11. Are you satisfied with your attorney? **YES NO**

12. Have you received and reviewed a copy of the Drug Court Participant Handbook? **YES NO**

13. Do you understand and agree that the Drug Court Judge has the authority to terminate you from the program for any single violation? **YES NO**

14. Do you understand and agree that the Drug Court Judge can consider urinalysis and other substance abuse testing results **without any testimony or evidence** concerning how the test was performed, the scientific basis for the instruments, the chain of custody, and the accuracy of the testing results?

YES NO

15. Do you seek admission into the Drug Court Program, and accept all of its conditions and rules? **YES NO**

16. Have you answered all questions on this Questionnaire truthfully and of your own free will? **YES NO**

17. Do you swear under penalty of perjury that your answers to these questions are true and correct? YES NO

I have answered the questions on pages 1-5 of this Drug Court Advisory Form truthfully. I understand all of the questions and answers herein, have discussed each question and answer with my attorney, and have completed this form freely and voluntarily. Furthermore, no one has threatened me to do so.

Dated this _____ day of _____, 20____. _____
DEFENDANT

I hereby acknowledge that I have discussed, in detail, the foregoing questions and answers with my client.

DEFENDANT'S ATTORNEY

I have been advised and agree that Phase IV will last four months effective August 1, 2010.

Dated this _____ day of _____, 20____. _____
DEFENDANT